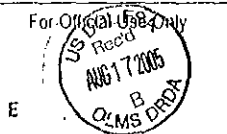


FORM LM-30  
LABOR ORGANIZATION OFFICER AND  
EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>11477</b>	2. Fiscal Year Covered From <b>01 / 01 / 04</b> Through: <b>12 / 31 / 04</b>
3. Name and address of person filing. Name <b>Carlton D. Spencer</b>  P.O. Box, Bldg., Room No., if any  Street <b>907 Bison Trail</b>  City <b>Dallas</b>  State <b>TX</b> ZIP Code + 4 <b>75208</b>	4. Name, file number, and address of labor organization. Name <b>Asbestos Workers Local No. 21</b>  Labor Organization File Number <b>016-832</b>  P.O. Box, Building and Room Number, if any  Street <b>11580 Reeder Road</b>  City <b>Dallas</b>  State <b>TX</b> ZIP Code + 4 <b>75229</b>
5. Position in labor organization. <b>Welfare Trust.</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as provided in the exclusions set forth in the instructions).

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <b>Asbestos Workers Local 21 Welfare Fund</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street <b>11580 Reeder Road</b>  City <b>Dallas</b>  State <b>TX</b> ZIP Code + 4 <b>75229</b>	7.a. Nature of Interest, Transaction, or Income. <b>Lost time wages for attending Welfare meetings</b>  7.b. Amount. <b>\$560.48</b>

Signature

15. Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

**8-11-05**  
Date

**214-941-7383**  
Telephone Number